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Bib Data Sheet

CONFIRMATION NO. 7228

SERIAL NUMBER 10/519,008	FILING OR 371(c) DATE 12/21/2004 RULE	CLASS 514	GROUP ART UNIT 1609	ATTORNEY DOCKET NO. 019904-002210US
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/21245 07/02/2003 which claims benefit of 60/393,660 07/02/2002

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kristel B. [Signature]</i> Examiner's Signature Initials				

ADDRESS

20350

TITLE

Methods for treating psychosis associated with interferon-alpha therapy

FILING FEE RECEIVED 500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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